

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/17/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495227	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 02/28/2023
NAME OF PROVIDER OR SUPPLIER WESTPORT REHABILITATION AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 7300 FOREST AVE RICHMOND, VA 23226		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{F 000}	INITIAL COMMENTS An unannounced Medicare/Medicaid revisit to the standard survey conducted 1/25/23 through 1/27/23 and 1/30/23 through 1/31/23 was conducted 2/27/23 through 2/28/23. One complaint (VA00057614 - substantiated with deficiency) was investigated. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care Requirements. Uncorrected deficiencies are identified within this report. Corrected deficiencies are identified on the CMS 2567-B.	{F 000}			
{F 655} SS=D	Baseline Care Plan CFR(s): 483.21(a)(1)-(3) §483.21 Comprehensive Person-Centered Care Planning §483.21(a) Baseline Care Plans §483.21(a)(1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must- (i) Be developed within 48 hours of a resident's admission. (ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to- (A) Initial goals based on admission orders. (B) Physician orders. (C) Dietary orders. (D) Therapy services.	{F 655}		3/22/23	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

03/16/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{F 655}	<p>Continued From page 1</p> <p>(E) Social services. (F) PASARR recommendation, if applicable.</p> <p>§483.21(a)(2) The facility may develop a comprehensive care plan in place of the baseline care plan if the comprehensive care plan-</p> <p>(i) Is developed within 48 hours of the resident's admission. (ii) Meets the requirements set forth in paragraph (b) of this section (excepting paragraph (b)(2)(i) of this section).</p> <p>§483.21(a)(3) The facility must provide the resident and their representative with a summary of the baseline care plan that includes but is not limited to:</p> <p>(i) The initial goals of the resident. (ii) A summary of the resident's medications and dietary instructions. (iii) Any services and treatments to be administered by the facility and personnel acting on behalf of the facility. (iv) Any updated information based on the details of the comprehensive care plan, as necessary. This REQUIREMENT is not met as evidenced by: Based on staff interview, facility document review, and clinical record review, the facility staff failed to develop a baseline care plan for three of eight residents in the survey sample, Residents #106, #107, and #108.</p> <p>The findings include:</p> <p>1. For Resident #106 (R106), the facility staff failed to develop a baseline care plan for limited transfer status.</p> <p>R106 was admitted to the facility on 2/24/23.</p>	{F 655}	<p>The facility sets forth the following plan of correction to remain in compliance with all federal and state regulations. The facility has taken or will take the actions set forth in the plan of correction. The following plan of correction constitutes the facility's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated.</p> <p>F655 Baseline Care Plan</p>		

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{F 655}	Continued From page 2 A review of R106's clinical record revealed the following progress note dated 2/25/23: "Skilled Note Text: Resident remains skilled for PT (physical therapy)/OT (occupational therapy), she was assessed by PT today. Per PT resident is weight bearing x 2 person if she wants to sit in a chair/wheelchair but recommends resident uses the bedpan for bathroom until further notice. Staff made aware." A review of R106's baseline care plan dated 2/24/23 failed to reveal any information related to assistance or other requirements for transfer. On 2/28/23 at 8:35 a.m., RN (registered nurse) #1, the MDS (minimum data set) coordinator, was interviewed. She stated the baseline care plan is developed by the floor nursing staff when the resident is admitted to the facility. On 2/28/23 at 8:59 a.m., LPN (licensed practical nurse) #1 was interviewed. She stated when a resident is admitted to the facility, the floor nursing staff should complete the admission nursing assessment within 24 hours of a resident's admission. She stated the computer software generates the baseline care plan partly from the admission nursing assessment. She stated the purpose of a baseline care plan is to document the basics of what is needed to take care of a resident. She stated it should include a resident's transfer status, and any particular instructions from the therapy department for a resident's safety. On 2/28/23 at 9:21 a.m., LPN #2, a unit manager, was interviewed. She stated a baseline care plan can be developed manually by selecting various	{F 655}	1. Resident # 106 no longer resides in the facility. Resident #107 no longer resides in the facility. Resident #108, care plan has been updated to include diabetes management. 2. Current residents have the potential to be affected. An audit of current residents by the MDS or designee to ensure new admits from 3/1/2023 have baseline care plan includes transfer status, primary diagnosis and is complete. 3. The Director of MDS or designee will educate the MDS staff, nursing management and SDC (staffing development coordinator), Director of Activity on the process and initiation of the baseline care plan includes transfer status, primary diagnosis, and completion of baseline care plan. The SDC or designee will educate the licensed nurses on the process for initiation and completion of baseline care plans. 4. The Director of MDS or designee will review 5 baseline care plans weekly x 4 weeks then monthly x 2 months to ensure the baseline care plan includes transfer status, primary diagnosis, and completion of baseline care plan. The results of the review will be discussed at the monthly QAPI meeting. Once the QAPI committee determines the problem no longer exists, the reviews will be completed on a random basis. The Administrator/Director of Nursing are responsible for implementation of the plan of correction. 5. Date of Compliance: 3/22/2023		

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{F 655}	<p>Continued From page 3</p> <p>options provided by the computer software, or it can be populated directly from the admission nursing assessment. She stated the baseline care plan should include transfer status for resident safety.</p> <p>On 2/28/23 at 10:09 a.m., ASM (administrative staff member) #2, the assistant director of nursing), was interviewed. She stated the baseline care plan is pulled from the admission nursing assessment. She stated after the admission nursing assessment is completed, the facility staff can go into the baseline care plan and add items generated by other sources. She stated the concierge nurse usually completes the admission nursing assessment, but if that nurse is overwhelmed on a particular day, other nurses participate in the development of the baseline care plan. She stated if PT has communicated anything about a resident's transfer status, this information should be included in the baseline care plan.</p> <p>On 2/28/23 at 10:21 a.m., ASM #1, the administrator, ASM #2, and ASM #3, the regional director of clinical outcomes, were informed of these concerns.</p> <p>A review of the facility policy, "Resident Assessment & Care Planning" revealed, in part: "A licensed nurse, in coordination with the interdisciplinary team, develops and implements an individualized care plan for each patient in order to provide effective, person-centered care, and the necessary health-related care and services to attain or maintain the highest practical physical, mental and psychosocial well-being of the patient."</p>	{F 655}			

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{F 655}	<p>Continued From page 4</p> <p>No further information was provided prior to exit.</p> <p>2. For Resident #107 (R107), the facility staff failed to develop a baseline care plan with information necessary to properly care for a resident within the required timeframe; and what was developed only included group activities.</p> <p>R107 was admitted to the facility on 2/24/23.</p> <p>A review of R107's baseline care plan revealed only the following: "GROUP: the resident prefers to attend group activities such as (sic). Created on: 02/27/2023." There were no other entries in the baseline care plan.</p> <p>On 2/28/23 at 8:35 a.m., RN (registered nurse) #1, the MDS (minimum data set) coordinator, was interviewed. She stated the baseline care plan is developed by the floor nursing staff when the resident is admitted to the facility.</p> <p>On 2/28/23 at 8:59 a.m., LPN (licensed practical nurse) #1 was interviewed. She stated when a resident is admitted to the facility, the floor nursing staff should complete the admission nursing assessment within 24 hours of a resident's admission. She stated the computer software generates the baseline care plan partly from the admission nursing assessment. She stated the purpose of a baseline care plan is to document the basics of what is needed to take care of a resident.</p> <p>On 2/28/23 at 9:21 a.m., LPN #2, a unit manager, was interviewed. She stated a baseline care plan can be developed manually by selecting various options provided by the computer software, or it</p>	{F 655}			

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{F 655}	<p>Continued From page 5</p> <p>can be populated directly from the admission nursing assessment. She stated the baseline care plan should include specific items required to safely care for a resident. She stated the admission nurses and unit managers are responsible for completing the baseline care plan. She stated when she checked R107's clinical record the previous evening, she realized the baseline care plan had not been completed. She stated there was a communication between her and the other floor nurses following R107's admission.</p> <p>On 2/28/23 at 10:09 a.m., ASM (administrative staff member) #2, the assistant director of nursing, was interviewed. She stated the baseline care plan is pulled from the admission nursing assessment. She stated after the admission nursing assessment is completed, the facility staff can go into the baseline care plan and add items generated by other sources. She stated the concierge nurse usually completes the admission nursing assessment, but if that nurse is overwhelmed on a particular day, other nurses participate in the development of the baseline care plan. She stated if PT has communicated anything about a resident's transfer status, this information should be included in the baseline care plan.</p> <p>On 2/28/23 at 10:21 a.m., ASM #1, the administrator, ASM #2, and ASM #3, the regional director of clinical outcomes, were informed of these concerns.</p> <p>No further information was provided prior to exit.</p> <p>3. For Resident #108 (R108), the facility staff</p>	{F 655}			

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{F 655}	<p>Continued From page 6</p> <p>failed to develop a baseline care plan for the resident's diabetes, and insulin administration.</p> <p>R108 was admitted to the facility on 2/22/23.</p> <p>A review of R108's physician orders revealed the following orders: "Insulin Glargine Subcutaneous Solution 100 UNIT/ML (units per milliliter) (Insulin Glargine) Inject 18 unit subcutaneously at bedtime for DM (diabetes mellitus) type 2...Verbal Active 02/22/2023." "Insulin Lispro (1 Unit Dial) Subcutaneous Solution Pen-injector 100 UNIT/ML (Insulin Lispro) Inject as per sliding scale: if 200 - 249 = 1 unit; 250 - 299 = 2 units; 300 - 349 = 3 units; 350 - 399 = 4 units; 400 - 449 = 5 units Contact provider if BG less than 70 or greater than 400, subcutaneously before meals for DM 2...Active 02/24/2023."</p> <p>A review of R108's MARs (medication administration records) revealed the resident had received insulin as ordered since admission.</p> <p>A review of R108's baseline care plan dated 2/22/22 revealed no information regarding the resident's diagnosis of diabetes or the resident's orders for insulin.</p> <p>On 2/28/23 at 8:35 a.m., RN (registered nurse) #1, the MDS (minimum data set) coordinator, was interviewed. She stated the baseline care plan is developed by the floor nursing staff when the resident is admitted to the facility.</p> <p>On 2/28/23 at 8:59 a.m., LPN (licensed practical nurse) #1 was interviewed. She stated when a</p>	{F 655}			

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{F 655}	<p>Continued From page 7</p> <p>resident is admitted to the facility, the floor nursing staff should complete the admission nursing assessment within 24 hours of a resident's admission. She stated the computer software generates the baseline care plan partly from the admission nursing assessment. She stated the purpose of a baseline care plan is to document the basics of what is needed to take care of a resident. She stated it should include a resident's diabetes diagnosis and insulin administration.</p> <p>On 2/28/23 at 9:21 a.m., LPN #2, a unit manager, was interviewed. She stated a baseline care plan can be developed manually by selecting various options provided by the computer software, or it can be populated directly from the admission nursing assessment. She stated it should include a resident's diabetes diagnosis and insulin administration</p> <p>On 2/28/23 at 10:09 a.m., ASM (administrative staff member) #2, the assistant director of nursing), was interviewed. She stated the baseline care plan is pulled from the admission nursing assessment. She stated after the admission nursing assessment is completed, the facility staff can go into the baseline care plan and add items generated by other sources. She stated the concierge nurse usually completes the admission nursing assessment, but if that nurse is overwhelmed on a particular day, other nurses participate in the development of the baseline care plan. She stated it should include a resident's diabetes diagnosis and insulin administration</p> <p>On 2/28/23 at 10:21 a.m., ASM #1, the administrator, ASM #2, and ASM #3, the regional</p>	{F 655}			

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{F 655}	Continued From page 8 director of clinical outcomes, were informed of these concerns.	{F 655}			
{F 656} SS=D	No further information was provided prior to exit. Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv) In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for	{F 656}		3/22/23	

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{F 656}	<p>Continued From page 9</p> <p>future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff interview, facility document review, and clinical record review, the facility staff failed to implement the care plan for one of eight residents in the survey sample, Resident #105.</p> <p>The findings include:</p> <p>For Resident #105 (R105), the facility staff failed to implement the use of gripper socks and fall mats, per the resident's care plan, for fall and fall injury prevention.</p> <p>On the most recent MDS (minimum data set), a significant change assessment with an ARD (assessment reference date) of 1/14/23, R105 was coded as being severely cognitively impaired for making daily decisions, having scored two out of 15 on the BIMS (brief interview for mental status). The resident was coded as having had one fall with no injury and one fall with an injury since the most recent MDS.</p> <p>On 2/27/23 at 12:25 p.m., R105 was not in their</p>	{F 656}	<p>F656 Develop/Implement Comprehensive Care Plan</p> <ol style="list-style-type: none"> 1. Resident #105 currently receiving daily application of gripper socks and fall mats placed when in bed. 2. Current residents have the potential to be affected. An audit by the DON or designee to verify resident's fall care plans with interventions with gripper socks and fall mats were followed. 3. The staff development coordinator or designee will educate all licensed nurses and CNAs to follow and implement fall interventions per resident's care plan including use of gripper socks and/or fall mats. 4. The unit managers or designee will conduct audits weekly x 4 weeks then monthly x 2 months of the fall care plan to verify was followed and implemented for residents with interventions for gripper socks and fall mats. The results of the review will be discussed at the monthly 		

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{F 656}	<p>Continued From page 10</p> <p>room. A fall mat was propped up against the wall behind the resident's bedside table.</p> <p>On 2/27/23 at 12:28 p.m., R105 was seated in a wheelchair in the hallway across from the nurse's station. The resident was wearing wool socks with no gripper feature on the bottom of the sock.</p> <p>On 2/27/23 at 2:23 p.m., R105 was seated in a wheelchair in the common area. The resident was wearing the wool socks with no gripper feature on the bottom of the sock.</p> <p>On 2/28/23 at 8:07 a.m., R105 was lying on their left side in bed. There were no fall mats on the floor. The fall mat was in the same place as the previous day, propped up against the wall behind the resident's bedside table.</p> <p>A review of R105's clinical record revealed the resident fell on 2/17/23.</p> <p>A review of R105's care plan revealed, in part: "Gripper socks to feet as indicated. Created on: 11/28/2022...Fall Mat(s): (specify location -right side of bed...Created on 02/24/2023."</p> <p>On 2/28/23 at 8:51 a.m., CNA (certified nursing assistant) #1 stated she was aware that R105 had sustained falls while at the facility. She stated she makes certain the resident is wearing either shoes or gripper socks when out of bed. She stated the resident is impulsive, and frequently tries to stand up and walk, although he is not able to safely do so. She stated she was not certain whether or not the resident was supposed to have a fall mat down beside the bed when the resident was in bed. She stated she would ask either the unit manager or the nurse. She stated if</p>	{F 656}	<p>QAPI meeting. Once the QAPI committee determines problem no longer exists, the reviews will be completed on a random basis. The Administrator/Director of Nursing are responsible for implementation of the plan of correction.</p> <p>5. Date of Compliance: 3/22/2023</p>		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{F 656}	<p>Continued From page 11</p> <p>the resident was supposed to have a fall mat, it should be documented on the care plan.</p> <p>On 2/28/23 at 8:59 a.m., LPN (licensed practical nurse) #1 stated residents' care plans include interventions put in place to prevent injuries from falls. She stated these interventions should be followed to keep residents as safe as possible. She stated all residents should be wearing shoes or gripper socks if they are out of the bed. She stated fall mats can help to prevent an injury if a resident falls out of the bed. She stated every staff member in the facility is responsibility for implementing the care plan.</p> <p>On 2/28/23 at 10:09 a.m., ASM (administrative staff member) #2, the assistant director of nursing, was interviewed. She stated the purpose of a care plan is to give the staff an overall picture of a resident's car needs. She stated as items are added to a resident's care plan, it is the floor nurse and unit manager's responsibility to communicate these items to the oncoming nurse and to the CNAs. She stated CNAs give shift reports to oncoming CNAs as well. She stated that the report process is the primary was care plan updates/interventions are communicated to staff members.</p> <p>On 2/28/23 at 10:21 a.m., ASM #1, the administrator, ASM #2, and ASM #3, the regional director of clinical outcomes, were informed of these concerns.</p> <p>A review of the facility policy, "Care Plans, Comprehensive Person-Centered," revealed, in part: "The Interdisciplinary Team (IDT), in conjunction with the resident and his/her family or legal representative, develops and implements a</p>	{F 656}			

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{F 656}	Continued From page 12 comprehensive, person-centered care plan for each resident."	{F 656}			
{F 689} SS=D	<p>No further information was provided prior to exit.</p> <p>Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)</p> <p>§483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, facility document review, and clinical record review, the facility staff failed to implement safety interventions for one of eight residents in the survey sample, Resident #105.</p> <p>The findings include:</p> <p>For Resident #105 (R105), the facility failed to implement gripper socks and a fall mat as interventions to prevent falls or injury from a fall.</p> <p>On the most recent MDS (minimum data set), a significant change assessment with an ARD (assessment reference date) of 1/14/23, R105 was coded as being severely cognitively impaired for making daily decisions, having scored two out of 15 on the BIMS (brief interview for mental status). The resident was coded as having had one fall with no injury and one fall with an injury since the most recent MDS.</p>	{F 689}	<p>F689 Free of Accident Hazards/Supervision/Devices</p> <ol style="list-style-type: none"> Resident #105 currently receiving daily application of gripper socks and fall mats placed when in bed. Current residents have the potential to be affected. An audit by the DON or designee to verify residents with care plan interventions for gripper socks are on and fall mats are place when resident is in bed. The staff development coordinator or designee will educate all licensed nurses and CNAs to follow and implement fall interventions including use of gripper socks and/or fall mats when resident is in bed to maintain safety, reduce or prevent falls. The unit managers or designee will conduct audits weekly x 4 weeks then monthly x 2 months to verify residents <input type="checkbox"/> 	3/22/23	

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{F 689}	<p>Continued From page 13</p> <p>On 2/27/23 at 12:25 p.m., R105 was not in their room. A fall mat was propped up against the wall behind the resident's bedside table.</p> <p>On 2/27/23 at 12:28 p.m., R105 was seated in a wheelchair in the hallway across from the nurse's station. The resident was wearing wool socks with no gripper feature on the bottom of the sock.</p> <p>On 2/27/23 at 2:23 p.m., R105 was seated in a wheelchair in the common area. The resident was wearing the wool socks with no gripper feature on the bottom of the sock.</p> <p>On 2/28/23 at 8:07 a.m., R105 was lying on their left side in bed. There were no fall mats on the floor. The fall mat was in the same place as the previous day, propped up against the wall behind the resident's bedside table.</p> <p>A review of R105's clinical record revealed he fell on 2/17/23.</p> <p>A review of R105's care plan revealed, in part: "Gripper socks to feet as indicated. Created on: 11/28/2022...Fall Mat(s): (specify location -right side of bed...Created on 02/24/2023."</p> <p>On 2/28/23 at 8:51 a.m., CNA (certified nursing assistant) #1 stated she was aware that R105 had sustained falls while at the facility. She stated she makes certain the resident is wearing either shoes or gripper socks when out of bed. She stated the resident is impulsive, and frequently tries to stand up and walk, although he is not able to safely do so. She stated she was not certain whether or not the resident was supposed to have a fall mat down beside the bed when the</p>	{F 689}	<p>safety is maintained for residents with care plan interventions for gripper socks are applied and fall mats are in place when resident is in bed. The results of the review will be discussed at the monthly QAPI meeting. Once the QAPI committee determines problem no longer exists, the reviews will be completed on a random basis. The Administrator/Director of Nursing are responsible for implementation of the plan of correction.</p> <p>5. Date of Compliance: 3/22/2023</p>		

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{F 689}	<p>Continued From page 14</p> <p>resident was in bed. She stated she would ask either the unit manager or the nurse. She stated if the resident was supposed to have a fall mat, it should be documented on the care plan.</p> <p>On 2/28/23 at 8:59 a.m., LPN (licensed practical nurse) #1 stated residents' care plans include interventions put in place to prevent injuries from falls. She stated these interventions should be followed to keep residents as safe as possible. She stated all residents should be wearing shoes or gripper socks if they are out of the bed. She stated fall mats can help to prevent an injury if a resident falls out of the bed.</p> <p>On 2/28/23 at 10:09 a.m., ASM (administrative staff member) #2, the assistant director of nursing, was interviewed. She stated as items are added to a resident's care plan, it is the floor nurse and unit manager's responsibility to communicate these items to the oncoming nurse and to the CNAs. She stated CNAs give shift reports to oncoming CNAs as well. She stated that the report process is the primary was care plan updates/interventions are communicated to staff members.</p> <p>On 2/28/23 at 10:21 a.m., ASM #1, the administrator, ASM #2, and ASM #3, the regional director of clinical outcomes, were informed of these concerns.</p> <p>A review of the facility policy, "Falls Management Program," revealed, in part: "The Center considers all patients to be at risk for falls and provides an environment as safe as practicable for all patients. The center utilizes a systems approach to a Falls Management Program that conducts multi-faceted, interdisciplinary</p>	{F 689}			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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{F 689}	Continued From page 15 assessments with evidence-based interventions to develop individual care strategies." No further information was provided prior to exit.	{F 689}		